

## Congressman Tim Mahoney Privacy Authorization Form

Name:		E-mail:	
Street Address:			
City:	State:	Zip Code:	
Home Phone:		Work Phone:	
Social Security No.:	<del>-</del> <del>-</del>	_ Date of Birth:	
Federal Agency:		Claim Number:	
		lifficulty. Include details regarding the sures you have taken to resolve this matte	r.
		DUC	
	1 tx	****	
	3 **	1	
/~		A 7 17	
	<b>*</b> 99		
	<b>4 1 1 1</b>		
	X		
	PAXX	+++	
(Use additional sheets as necessary)	N. S.B.		
before information may be to act on your behalf, i wil	e disclosed fron ll need your stat If you are inquir	ten consent be obtained from a constituent in records within a federal agency. To permit rement citing the problem and your signature ring on behalf of someone else, it will be sment.	ne
Signature		Date	